

Substance Abuse and Mental Health Services Administration

(dollars in millions)

	1996 <u>Actual</u>	1997 <u>Enacted</u>	1998 <u>Request</u>	Request <u>+/- Enacted</u>
Budget Authority	\$1,885	\$2,171	\$2,206	+\$35
Program Level	1,885	2,171	2,206	+35
Outlays	2,084	1,892	2,089	+197
FTE	592	592	592	0

Summary

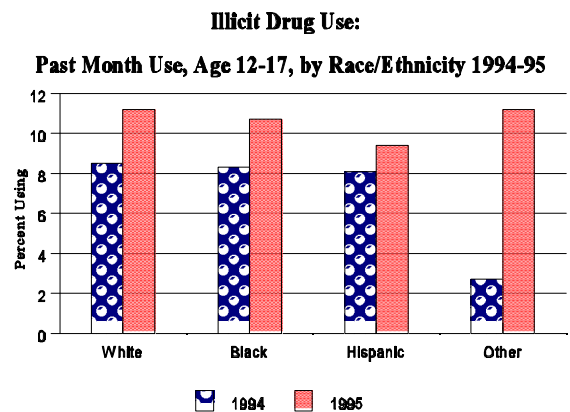
The FY 1998 President's budget for the Substance Abuse and Mental Health Services Administration (SAMHSA) totals \$2.2 billion, an increase of \$35 million or 1.5 percent over the FY 1997 enacted level. This request dedicates additional resources to substance abuse -- a \$10 million increase is requested for the Substance Abuse Performance Partnership Block Grant, and an additional \$28 million is requested for data collection activities to expand the National Household Survey on Drug Abuse (NHDSA) to individual States. The FY 1998 request continues to pursue legislation for both the substance abuse and mental health block grant programs to increase State flexibility and to build State performance data capacity.

A major component of SAMHSA's discretionary resources are included within the Knowledge Development and Application (KDA) program. Each of the KDA initiatives contains very concrete and focused activities designed to achieve real change. Development activities include knowledge generation in the areas of Managed Care, Early Childhood

Problems, and Improving Community Services. Application activities include State incentive grants that will be awarded in coordination with all substance abuse resources to develop an effective, comprehensive strategy aimed at reducing drug use by youth.

Teenage Drug Use

America is at a critical juncture in the fight



National Household Survey on Drug Abuse, SAMHSA, 1995

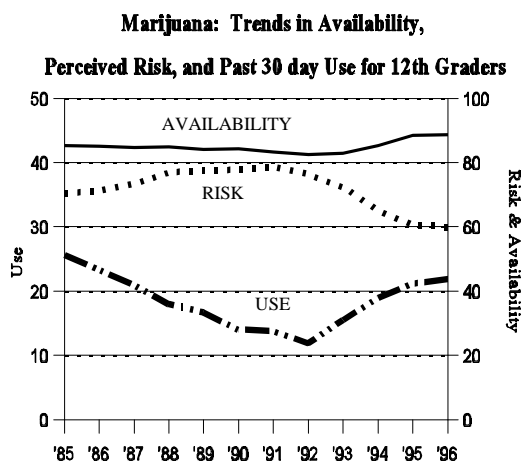
against drugs. A generation of young people do not think drugs and alcohol are dangerous, let alone illegal and just plain wrong. Many sectors of society are sending children conflicting and dangerous messages. In 1992, the rate of past month use of illicit drugs among 12-17 years old reached a low of 5.3 percent, a decline from 16.3 percent in 1979, according to the National Household Survey on Drug Abuse (NHSDA). By 1995, however, this rate stood at 10.9 percent. In the ongoing Monitoring the Future (MTF) study, illicit drug use among school children rose again in 1996. Of particular concern, is the continuing rise in daily marijuana

addition, reaching teenagers has been particularly problematic because of parental attitudes toward marijuana. Findings from a survey conducted by the National Center on Addiction and Substance Abuse (CASA) at Columbia University on teens' and their parents' attitudes on illegal drugs found that many parents appear resigned to such widespread drug use by their teenage children--46 percent of all parents expected their teens to experiment with illegal drugs, while 65 percent of those parents surveyed who regularly had used marijuana in their youth believe their teens will try drugs.

Youth Substance Abuse Prevention Initiative

The 1998 budget request continues to expand funding for the Youth Substance Abuse Prevention Initiative. This proposal directly addresses Goal #1 of the National Drug Control Strategy to "*motivate America's youth to reject illegal drugs as well as the use of alcohol and tobacco.*" To best respond to increasing teen substance abuse, this initiative will incorporate three interrelated components:

- **State Incentive Grants:** Nearly \$63 million in FY 1998 will be directed toward mobilizing and leveraging Federal and State resources to call upon Governor's to develop State-wide prevention plans that work. States will take state-of-the-art prevention models and approaches and replicate or adapt them for their communities. More importantly, States will be required to report both baseline data and post-program measures of success.
- **Mass Media/Public Campaign:** SAMHSA is requesting \$4 million for a broad based effort to raise public awareness and counter pro-drug use messages. This campaign would be coordinated with major effort by the Office of National Drug Control Policy (ONDCP),



Use: % using once or more in past 30 days (on left-hand scale)

Risk: % saying great risk of harm in regular use (on right-hand scale)

Availability: % saying fairly easy or very easy to get (on right-hand scale)

Monitoring the Future Survey, NIDA, 1996

use. At the low point in 1992, only 22 percent of high school seniors said they had used marijuana in the prior 12 months. By 1996, however, the rate had climbed back to 36 percent. Among eighth graders, annual prevalence (use in the prior 12 months) tripled from 6 percent in 1991 to 18 percent in 1996. The perceived risk of using marijuana continues to decline, while perceived risk of using other drugs either increased or remained level. In

private partners such as the National Partnership for a Drug-Free America, and other major groups and organizations. Efforts will focus on the family and will include parents as a prime target audience of the Initiative's campaign;

- **Data Collection:** An additional \$28 million in FY 1998 is requested to expand the National Household Survey on Drug Abuse to increase accountability through data system development. Given the substantial Federal resource investment in the Youth Substance Abuse Prevention Initiative, it is imperative that National and State data be available regarding progress in achieving desired objectives and outcomes. The systematic collection of data on a permanent basis represents an important surveillance mechanism for tracking substance abuse trends among the teenage population. The success of these efforts will be measured by national as well as State indicators of youth drug attitudes and use. Outcome measures include increases in social disapproval among youth, increases in perception of harm, decreases in drug abuse related outcomes (e.g., emergency room visits and crime), and decreases in drug use by youth. Additionally, State level data will assist in the design and operation of substance abuse activities tailored to specific populations' needs.

Mental Health Services

The mental health world is changing rapidly and dramatically in the ways services are organized, financed, and provided. For instance, managed mental health care is now covering more than 124 million persons. The FY 1998 budget request of \$445 million supports the Federal government's role in the

mental health services field. The Center for Mental Health Services (CMHS) is working with States, professional organizations, consumers and other groups to assess the impact of managed care and to devise strategic solutions to these momentous changes.

The FY 1998 request maintains most CMHS programs at the FY 1997 enacted level. Included in the request is \$275 million for the Mental Health Block Grant and \$70 million for Children's Mental Health Services. This request also supports Knowledge Development and Application activities. These activities are responsible for producing new knowledge and application information like the Knowledge Exchange Network -- a national center that disseminates the most up-to-date mental health system and services research and referral services to the public.

SAMHSA OVERVIEW

(dollars in millions)

	<u>1996 Actual</u>	<u>1997 1/ Enacted</u>	<u>1998 Request</u>	<u>Request +/- Enacted</u>
<u>Substance Abuse:</u>				
Knowledge Development and Application ..	\$182	\$312	\$307	\$-5
<i>Prevention</i>	(92)	(156)	(151)	(-5)
<i>Treatment</i>	(90)	(156)	(156)	(0)
Substance Abuse Block Grant/PPGs	1,234	1,310	1,320	+10
Data Collection Initiatives	---	---	28	+28
Subtotal, Substance Abuse	\$1,416	\$1,622	\$1,655	+\$33
<u>Mental Health:</u>				
Knowledge Development and Application ..	38	58	58	0
Mental Health Block Grant/PPGs	275	275	275	0
Children's Mental Health Services	60	70	70	0
Protection and Advocacy	20	22	22	0
PATH	20	20	20	0
Subtotal, Mental Health	\$413	\$445	\$445	0
Buildings and Facilities	---	---	1	+1
Program Management	56	54	55	+1
Total, Discretionary BA	\$1,885	\$2,121	\$2,156	+\$35
<i>Advance Appropriation P.L. 104-121 2/</i>	---	50	50	0
Program Level	\$1,885	\$2,171	\$2,206	+\$35
FTE	592	592	592	0

1/ Reflects the comparable transfer to the Administration for Children and Families of \$12.8 million for the Community Schools Program.

2/ The additional \$50 million available through the Substance Abuse Block Grant is a result of P.L. 104-121, and is designated as mandatory spending for treatment services for SSI recipients.